

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2016 MAR 14 AM 7:53  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Ability PAC

ADDRESS (number and street) 14149 Autumn Woods Dr.

Check if different than previously reported. (ACC) Carmel IN 46074

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00582593

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
  - Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
  - Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)  General (12G)  Runoff (12R)
  - Convention (12C)  Special (12S)

Election on MM/DD/YYYY in the State of  

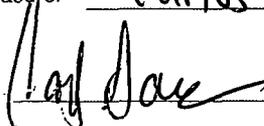
- (d) 30-Day POST-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on MM/DD/YYYY in the State of  

5. Covering Period MM/DD/YYYY through MM/DD/YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlos J. Gonzalez

Signature of Treasurer  Date MM/DD/YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Ability PAC**

Report Covering the Period:

From:

**1.0** ' **1.6** ' **2015**

To:

**6.1** ' **3.1** ' **2016**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2015</b>		0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19).....	67000	67000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	67000	67000
7. Total Disbursements (from Line 31).....	63901	63901
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3099	3099
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

**Ability PAC**

Report Covering the Period: From:

10 / 16 / 2015

To:

01 / 31 / 2016

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

670.00

670.00

(ii) Unitemized.....

0

0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

670.00

670.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees (such as PACs).....

0

0

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

670.00

670.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

0

0

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

0

0

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	639.01	639.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	639.01	639.01
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	639.01	639.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0	0

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	670.06	670.06
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	670.06	670.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	639.01	639.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	639.01	639.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF 2
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE, (In Full)  
**Ability PAC**

Full Name (Last, First, Middle Initial) <b>A. Chastain Media</b>		Date of Disbursement <b>10-29-15</b>
Mailing Address <b>3783 Cat Tail Circle</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Little River</b>	State <b>SC</b>	
Zip Code <b>29566</b>		Memo Item <b>Website design</b>
Purpose of Disbursement <b>Website design</b>		
Candidate Name <b>N/A</b>		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) <b>operation expense</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chastain Media</b>		Date of Disbursement <b>12-29-15</b>
Mailing Address <b>3783 Cat Tail Circle</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Little River</b>	State <b>SC</b>	
Zip Code <b>29566</b>		Memo Item <b>Website design</b>
Purpose of Disbursement <b>Website design</b>		
Candidate Name <b>N/A</b>		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) <b>operation expense</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Memo Item
Purpose of Disbursement		
Candidate Name		Category/ Type
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>639.01</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 2				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
**Ability PAC**

A. Full Name (Last, First, Middle Initial) <b>Rosie's Place</b>		Date of Disbursement <b>11/2/2015</b>
Mailing Address <b>68 N. 9th Street</b>		Amount of Each Disbursement this Period <b>45.57</b>
City <b>Noblesville</b>	State <b>IN</b>	
Purpose of Disbursement <b>Lunch "Meetings"</b>		Memo Item <b>Luncheon Meetings</b>
Candidate Name <b>N/A</b>		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) <b>Meetings lunchea</b>	
State: District:		

B. Full Name (Last, First, Middle Initial) <b>Grasshopper LLC</b>		Date of Disbursement <b>12/28/15</b>
Mailing Address <b>197 1st Avenue</b>		Amount of Each Disbursement this Period <b>93.44</b>
City <b>Needham</b>	State <b>MA</b>	
Purpose of Disbursement <b>Phone system</b>		Memo Item <b>phone system</b>
Candidate Name <b>N/A</b>		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) <b>phone system</b>	
State: District:		

C. Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Memo Item
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>139.01</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>639.01</b>

**SCHEDULE A (FEC Form 3X)**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE	OF
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Ability PAC**

A. Full Name (Last, First, Middle Initial) <b>Gonzalez Carlos J</b>		Date of Receipt <b>10/20/2015</b>
Mailing Address <b>14149 Autumn Woods Dr.</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>Carmel</b>	State <b>IN</b>	
Zip Code <b>46074</b>		Memo Item <b>operational funding</b>
FEC ID number of contributing federal political committee. <b>N/A C</b>		
Name of Employer <b>Ability PAC</b>	Occupation <b>Treasurer</b>	Aggregate Year-to-Date ▼ <b>250.00</b>
Receipt For: Primary Other (specify) ▼ <b>operation funding</b>		

B. Full Name (Last, First, Middle Initial) <b>Gonzalez Carlos J</b>		Date of Receipt <b>10/24/2015</b>
Mailing Address <b>14149 Autumn Woods Dr.</b>		Amount of Each Receipt this Period <b>205.00</b>
City <b>Carmel</b>	State <b>IN</b>	
Zip Code <b>46074</b>		Memo Item <b>operational funding</b>
FEC ID number of contributing federal political committee. <b>N/A C</b>		
Name of Employer <b>Ability PAC</b>	Occupation <b>Treasurer</b>	Aggregate Year-to-Date ▼ <b>455.00</b>
Receipt For: Primary Other (specify) ▼ <b>operation funding</b>		

C. Full Name (Last, First, Middle Initial) <b>Gonzalez Carlos J</b>		Date of Receipt <b>11/4/2015</b>
Mailing Address <b>14149 Autumn Woods Dr.</b>		Amount of Each Receipt this Period <b>215.00</b>
City <b>Carmel</b>	State <b>IN</b>	
Zip Code <b>46074</b>		Memo Item <b>operational funding</b>
FEC ID number of contributing federal political committee. <b>N/A C</b>		
Name of Employer <b>Ability PAC</b>	Occupation <b>Treasurer</b>	Aggregate Year-to-Date ▼ <b>670.00</b>
Receipt For: Primary Other (specify) ▼ <b>operation funding</b>		

SUBTOTAL of Receipts This Page (optional).....▶	<b>670.00</b>
TOTAL This Period (last page this line number only).....▶	<b>670.00</b>

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE   OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**Ability PAC**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>N/A</b>	Memo Item	Election: Primary General Other (specify) ▼
Mailing Address		
City	State	ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
-------------------------	----------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
			% (apr)	Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<b>0</b>
--	----------

<b>TOTALS</b> This Period (last page in this line only)..... ▶	<b>0</b>
--	----------

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page N/A of Schedule C

NAME OF COMMITTEE (In Full) <b>Ability PAC</b>	FEC IDENTIFICATION NUMBER <b>C00582593</b>
---	---

LENDING INSTITUTION (LENDER) Full Name <b>N/A</b>	Amount of Loan	Interest Rate (APR)
---	----------------	---------------------

Mailing Address	Date Incurred or Established
City State Zip Code	Date Due

A. Has loan been restructured?    No    Yes    If yes, date originally incurred

B. If line of credit,    Total Outstanding Balance:  
 Amount of this Draw:

C. Are other parties secondarily liable for the debt incurred?  
 No    Yes    (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No    Yes    If yes, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 What is the value of this collateral?  
 Does the lender have a perfected security interest in it?    No    Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?    No    Yes    If yes, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).    Location of account:  
 Date account established:    Address:  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	
	<input type="checkbox"/>	9
	<input type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**Ability PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>N/A</b>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	0
2) TOTALS This Period (last page this line number only)..... ▶	0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	0

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Ability PAC</b>					FEC IDENTIFICATION NUMBER ▼ <b>C 00582593</b>	
Check if	24-hour report	48-hour report	New report	Amends report filed on		

11-10-2015 10:11:10 AM

Full Name of Payee <b>N / A</b>		Memo Item	Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		Support Oppose	Office Sought: President	House Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		Primary General	Other (specify) ▶ _____

Full Name of Payee		Memo Item	Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate		Support Oppose	Office Sought: President	House Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For:		Primary General	Other (specify) ▶ _____

- (a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶
- (b) **SUBTOTAL** of Unitemized Independent Expenditures ..... ▶
- (c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date

**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

PAGE 1 OF 1  
 FOR LINE 25 OF FORM 3X

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <b>Ability PAC</b>	Check if 24-hour notice
---	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Full Name of Subordinate Committee <b>N/A</b>
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Memo Item	Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: _____ District: _____	Amount
Aggregate General Election Expenditure for this Candidate ▶			

<b>SUBTOTAL</b> of Expenditures This Page (optional)..... ▶
<b>TOTAL</b> This Period (last page this line number only)..... ▶

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Ability PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

N/A

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....

Nonfederal .....

This ratio applies to (check all that apply):

N/A

Administrative

Generic Voter Drive

Public Communications Referencing Party Only

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full) Ability PAC

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p><u>N/A</u></p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>		
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	FEDERAL %	NONFEDERAL %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	FEDERAL %	NONFEDERAL %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	FEDERAL %	NONFEDERAL %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	FEDERAL %	NONFEDERAL %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:  <input type="checkbox"/> Fundraising      <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:  <input type="checkbox"/> New      <input type="checkbox"/> Revised      <input type="checkbox"/> Same as Previously Reported</p>	FEDERAL %	NONFEDERAL %

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full) Ability PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<u>N / A</u>		

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities.....

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support.....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

**TOTAL** This Period (Administrative) .....

**TOTAL** This Period (Generic Voter Drive) .....

**TOTAL** This Period (Exempt Activities) .....

**TOTAL** This Period (Direct Fundraising) .....

**TOTAL** This Period (Direct Candidate Support) .....

**TOTAL** This Period (Public Communications Referring Only to Party) .....

**TOTAL** This Period (Total Amount Transferred).....

**SCHEDULE H4 (FEC Form 3X)**  
**DISBURSEMENTS FOR ALLOCATED**  
**FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full) **Ability PAC**

A. Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:	
Mailing Address			Administrative	Fundraising Exempt
City State Zip Code			Voter Drive	Direct Candidate Support
Purpose of Disbursement:		Category/ Type	Public Comm (ref to party only) by PAC	
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date	
			Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:	
Mailing Address			Administrative	Fundraising Exempt
City State Zip Code			Voter Drive	Direct Candidate Support
Purpose of Disbursement:		Category/ Type	Public Comm (ref to party only) by PAC	
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date	
			Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Memo Item	Allocated Activity or Event:	
Mailing Address			Administrative	Fundraising Exempt
City State Zip Code			Voter Drive	Direct Candidate Support
Purpose of Disbursement:		Category/ Type	Public Comm (ref to party only) by PAC	
Activity or Event Identifier:			Allocated Activity or Event Year-To-Date	
			Date	
FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page  
 FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))  
 FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full) **Ability PAC**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<b>N/A</b>		

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID .....	
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV .....	
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity .....	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

<b>i) Voter Registration</b>	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	
<b>ii) Voter ID</b>	VOTER ID
Total Amount Transferred for Voter ID .....	
<b>iii) GOTV</b>	GOTV
Total Amount Transferred for GOTV .....	
<b>iv) Generic Campaign Activity</b>	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration).....

**TOTAL** This Period (Voter ID) .....

**TOTAL** This Period (GOTV).....

**TOTAL** This Period (Generic Campaign Activity).....

**TOTAL** This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full) **Ability PAC**

A. Full Name (Last, First, Middle Initial) / Full Organization Name <b>N/A</b>		Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Memo Item	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

<b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
<b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE			TOTAL AMOUNT
		LEVIN SHARE	
<b>TOTAL</b> This Period for the Levin Share			

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

NAME OF COMMITTEE (In Full)	
NAME OF ACCOUNT	

Ability PAC

N/A

COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
-------------------------------	--------------------------

1. RECEIPTS FROM PERSONS
  - (a) Itemized .....  
(Use Schedule L-A)
  - (b) Unitemized .....
  - (c) Total .....
2. OTHER RECEIPTS .....
3. TOTAL RECEIPTS .....  
(Add Lines 1c and 2)

4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT  
(Use Schedule L-B)
  - (a) Voter Registration .....
  - (b) Voter ID .....
  - (c) GOTV .....
  - (d) Generic Campaign .....
  - (e) Total .....
5. OTHER DISBURSEMENTS .....
6. TOTAL DISBURSEMENTS .....  
(Add Lines 4e and 5)

7. BEGINNING CASH ON HAND .....  
(for Column B, use cash as of January 1st)
8. RECEIPTS .....  
(from Line 3)
9. SUBTOTAL .....  
(Add Lines 7 and 8)
10. DISBURSEMENTS .....  
(From Line 6)
11. ENDING CASH ON HAND .....  
(Subtract Line 10 From Line 9)

OFFICIAL COPY OF RECORD

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE   OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Ability PAC

Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Receipt
<b>A.</b> <u>N/A</u>		
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		
<b>B.</b>		
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		
<b>C.</b>		
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		
<b>D.</b>		
Mailing Address		Amount of Each Receipt this Period
City State Zip Code		Aggregate Year-to-Date
Name of Employer or Principal Place of Business		
Occupation		

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full) **Ability PAC**

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement
	<b>N/A</b>		
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Memo Item	Date of Disbursement
	Mailing Address		
	City State Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶



Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>VPS Ground</i> Next Business Day Delivery <input type="checkbox"/>	Shipping Date <i>3/9/16</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER  
(3/2015)



*3/14/16*  
DATE PREPARED